STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
					R	
		MHL026-964	B. WING		1	4/2025
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADD			STATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIV			
		FAYETTE	VILLE, NC 2	88311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
		w up survey was completed Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
		sed for 4 and has a current arvey sample consisted of clients.				
V 117	27G .0209 (B) Medi	ication Requirements	V 117			
	(1) Non-prescription dispensed by a pha manufacturer's laber visible; (2) Prescription me or obtained as sample tamper-resistant parisk of accidental impackaging includes with tamper-resistal unit-of-use package may be adequate; (3) The packaging drug dispensed must (A) the client's name (B) the prescriber's (C) the current dispersed (C) the current dispersed (E) the name, strend (E) the name, addressed (F) the name, addressed (S)	kaging and labeling: In drug containers not Irmacist shall retain the Is with expiration dates clearly Indications, whether purchased It with expiration dates clearly Indications, whether purchased It with expiration dates clearly It with expiration dates of label of each prescription It include the following: It is a contained to the following: It is a contain				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMPI	
	MHL026-964		B. WING		R 06/24/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 117	Continued From pa	ge 1	V 117			
	practitioner.					
	This Rule is not me Based on interviews observations, the fa prescription medica the client's name, the current dispensing of and phone number location. The finding	s, record reviews, and acility failed to ensure all ations were labeled identifying ne prescriber's name, the date, and the name, address, of the pharmacy or dispensing ags are:				
	Date of admission: - Diagnoses of Autis Disability, Attention Seizure Disorder ar - Physician's order	sm, Intellectual Developmental Deficit Hyperactivity Disorder, and Citrullinemia. signed and dated 5/8/25 for Solution (supplement) 1 gram				
	medications reveale - A bottle of Levoca gm/10ml with a 10/2 was no box or no di documenting client' name, the current de	24/25 at 10:08am of client #1's ed: Irnitine Oral Solution 1 2026 expiration date. There ispensing label on medication 's name, the prescriber's dispensing date, and the diphone number of dispensing				
	Interview on 6/24/29 - Staff administered	5 client #1 stated: I his medications daily.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
					 F	₹	
		MHL026-964	B. WING			4/2025	
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
COLLEG	E LAKES		TROCK DRI\ VILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 117	Continued From pa	ge 2	V 117				
	Interview on 6/24/25 staff #1 stated: - Clients were administered their medications as ordered daily.						
		5 staff #2 stated: administered as ordered. o medication errors.					
	Interview on 06/24/25 the Qualified Professional stated: - The pharmacy delivered the medication without a pharmacy label. - She would contact the pharmacy to get a label for the medication. - Staff administered the medication as ordered on the MAR. - She was aware all medications required a pharmacy label.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	was not maintained	et as evidenced by: on and interview, the facility in a safe, clean, attractive om offensive odor. The					
	Observation on 6/24/25 at approximately between 9:43am - 10:34am a tour of the facility revealed: - The carpet have various sized, light and dark colored stains throughout the facility An approximately 1 1/2 foot (ft) crack in the wall						

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Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R	
		MHL026-964	B. WING		06/24/2025	
		WITE020-304			1 00/2	4/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		5104 FLA	TROCK DRIV	/E		
COLLEG	E LAKES	FAYETTE	VILLE, NC 2	8311		
(V4) ID	QUIMMADV QTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 736	Continued From pa	ae 3	V 736			
V 700	Continued From pa	ge 5	V 700			
	beside the outlet ur	der the windows in the sitting				
	area; plastered whit	te area under outlet; an				
		h rectangular shaped hole in				
	the ceiling above th					
		ad a square shaped hole in				
	the wall approximat					
		wall behind the plant stand in				
	the sitting area by t					
		e hallway had a white				
		n size with an approximately 3				
		ght side of the hallway had 3				
		roximately 6 inches, 1 foot				
		e a white plastered area.				
		m walls purple in color with an				
		white plastered area in the left				
		n in the corner; a white				
		e left of the window by the				
		approximately 1 1/2 ft in size				
		ow that was approximately 2 ft				
		shaped; the left door to the				
		a know and had a sharp				
		right closet door was missing				
		m had a 3 bulb light fixture				
		bs; the ceiling light fixture had				
	no globe.	: : : : : : : : : : : :				
		sills had heavy dust.				
		s missing the right side door. walls with an approximately 6				
		l above his bed; a white				
		oximately 2 ft in size under				
		an approximately 1 ft				
	plastered area besi					
		a of the facility had an				
		h hole behind the door and an				
		h hole under a white plastered				
		eximately 2 ft in sized.				
		ad an approximately 2 inch				
		plastered area beside the light				
	note inside a write	piastereu area beside trie light				

- The kitchen cabinet drawer beside the sink on

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Division	of Health Service Re	egulation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
		MHL026-964	B. WING		1	4/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIV			
		FAYETTE	VILLE, NC 2	88311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 4	V 736			
	was missing the fro right of the stove was an approximate the right side of the approximately 6 ince the yellow wall beside. Client #3's bedroow with the 2nd drawer crack on the right side. The bathroom with approximately 4 ft la 2 inch hole beside inch white plastered white white plastered white white plastered area towel dispenser; applastered area on the dispenser to the left residue around the	h hole white plastered area on de the paper towel dispenser. In had a 5 drawer dresser broke; a 1 ft circular shape ide of the window. In orange walls had an arge white plastered area with the toilet; an approximately 3 drarea with a 2 inch hole; a 6 drarea above the toilet; a 2 ft a on the wall beside the paper proximately 1 inch white the wall beside the soap at side of the sink; dark colored outside wall of the entire known pungent odor in the bathroom.				
	 She had smelled to orange bathroom for not sure where it can 	he pungent odor by the or about a week and she was				
		most of the holes in the walls. e to the facility last week but				
	stated:	5 the Qualified Professional naintenance check for the				

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- Staff followed the work order system of calling

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL026-964	B. WING			R 24/2025
	PROVIDER OR SUPPLIER	5104 FLA	DRESS, CITY, S TROCK DRIV VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 736	the office to report is scheduled maintend in the facility would installed in the facility soon. The carpet would of the facility to have exposed and treate. This deficiency has original cite on 2/22 within 30 days.	ssues and the office ance for the repairs. 5 the Licensee stated: have laminate flooring ity on the side of the kitchen be taken up in the other areas e the hardwood floors d by the end of the year. been cited 6 times since the 2/21 and must be corrected	V 736			
V 750	Water Systems 10A NCAC 27G .03 EQUIPMENT (b) Safety: Each faconstructed and eqensures the physicavisitors. (3) Electrical, systems shall be modition. This Rule is not mean Based on observatifialed to ensure the maintained in a operate:	on and interview, the facility facility's water systems were erating condition. The findings	V 750			
		4/25 between 9:43am - our of the facility revealed:				

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL026-964	B. WING		06/2	2 4/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			ROCK DRIV			
COLLEG	SE LAKES	FAYETTE\	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 750	Continued From pa	ge 6	V 750			
	-The hot water fauc	eet in client #2's bathroom sink.				
	Interview on 6/24/29 - The hot water kno not worked for a wh	b in client #2's bathroom had				
	Interview on 5/24/25 the Qualified Professional: - Client #2's vanity was being replaced Client #2 normally used the hallway bathroom					

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